

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

DAVITA M. KEY,

Plaintiff,

v.

HYUNDAI MOTOR
MANUFACTURING, ALABAMA,
LLC; HYUNDAI ENG AMERICA,
INC.; and DYNAMIC SECURITY,
INC.

Defendants.

Case No. 2:19-CV-767-ECM

PLAINTIFF'S WILL USE EXHIBIT 14

B241
REV. (06.2016)
NEW241

STATE OF ALABAMA
Department of Labor
Unemployment Compensation Division

IMPORTANT NOTE: If your response is not received by 08/28/17, a determination may be made based solely on information furnished by the claimant. Access Code : 12240872



12240872

DYNAMIC SECURITY INC
PO BOX 451
TUSCUMBIA AL 35674-0451 DEC 30 2021

CERTIFIED AND TRUE COPY OF
AL DEPT OF LABOR RECORDS

To Return: (Choose one method only)
1. Online: labor.alabama.gov (eGov link)
2. FAX: 334 956 7497
3. Mail: Adj Support, Room 3805
649 Monroe Street
Montgomery, AL 36131

NOTICE OF CLAIM AND REQUEST FOR SEPARATION INFORMATION

1. CLAIMANT'S NAME: KEY/DAVITA M
2. SOCIAL SECURITY NO: [REDACTED]
3. CLAIM DATE: 08/06/17
4. EMPLOYER ACCT NO: 0014174000
5. DATE MAILED: 08/18/17
6. EFFECTIVE DATE: 08/06/17
7. OFFICE NUMBER: 6001 A
8. TYPE OF CLAIM: N-01

The individual named above filed an unemployment claim on 08/17/17, identified you as the last employer and indicated last worked on 08/01/17. Separation reported as: 41 LACK OF WORK

*** EMPLOYER RESPONSE (INSTRUCTIONS FOR COMPLETION & ELECTRONIC SUBMISSION ON REVERSE)**

If this claimant was not employed by you, indicate below in #12.

9. Claimant's first day worked: 7/31/17 Last day worked: 8/1/17 Pay Rate: 7.25 per hour **SEP 06 2017**
10. If claimant worked after 08/06/17, enter: a. GROSS WAGES \$ _____
If claimant will receive any other compensation on or after last day worked, answer below: **Hearings and Appeals D**
- b. HOLIDAY PAY \$ _____ Date of holiday: _____
c. VACATION PAY \$ _____ Normal 40 hour, M - F, work week, ? ☐ Yes ☐ No
Vacation for specific time period after separation? ☐ Yes ☐ No; From _____ To _____
d. SICK PAY \$ _____ e. PENSION \$ _____ per month. Effective date: _____
f. Has the claimant been permanently separated? See attached.
11. Separated due to: (a) ☐ lack of work (b) ☐ voluntary quit (c) ☐ discharge or (d) ☒ other.
Check ONLY one box and answer the corresponding question(s) below.
- a. Do you expect to recall claimant? ☐ Yes ☐ No If "YES", expected recall date: Unknown
- b. Reason for voluntary quit given by claimant: _____
- c. Discharged due to _____ Date of final incident: _____
WARNING FOR SAME OR SIMILAR INCIDENT: ☐ Yes ☐ No (If "yes", complete the following):
Date warning issued: _____ Who issued warning? _____
Type of warning: ☐ Verbal ☐ Written ☐ Reason for warning? _____
- d. If "other", provide specific reason: ☐ Leave of Absence ☐ Suspension ☐ _____
12. Additional information regarding separation. ATTACH PAGE(S) IF NEEDED.
See attached.
13. Sherry Spires HRC 256-383-5798 8/25/17 63-0743754
Print Name Title Telephone No. Date FEIN
14. Email Address: _____